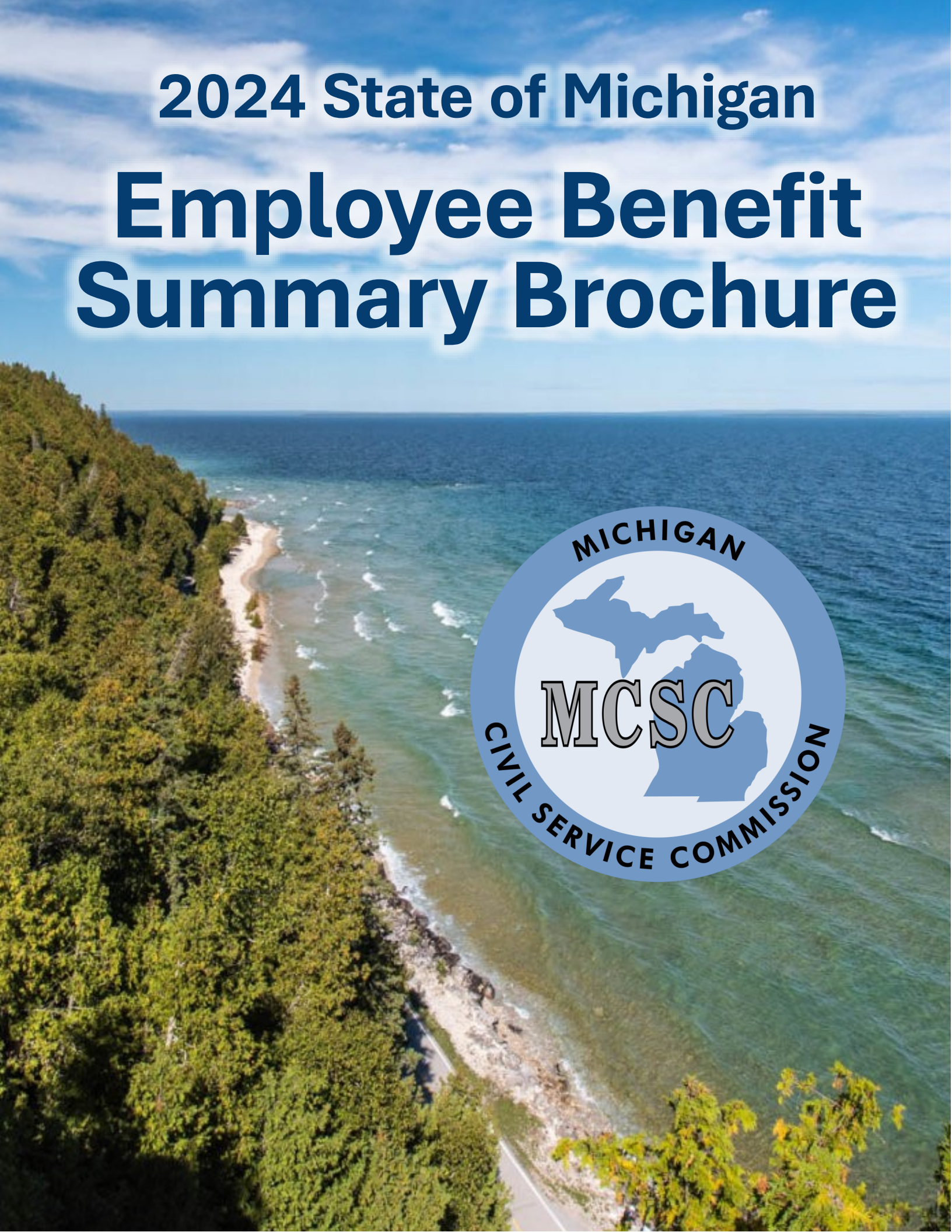
2024 State of Michigan

Employee Benefit Summary Brochure



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From the Employee Benefits Division:

This booklet is a summary of benefits provided to State of Michigan Employees[1] and is not an agreement between any employee and the State of Michigan. More complete details on benefits are found in the official documents, such as the Civil Service Rules and Regulations, collective bargaining agreements, departmental work rules, and contracts with various benefit providers. If this booklet and an official document differ, the official document governs.

Enrolling in Benefits:

State of Michigan classified employees are entitled to a comprehensive benefits package, including health, dental, vision, life insurance, long term disability insurance, Flexible Spending Accounts (FSAs), and more. Enrollment must be completed **and required documentation must be provided within the first 31 days** of hire by contacting the MI HR Service Center[2] at 877-766-6447. Newly hired employees cannot complete their initial benefits enrollment online. Coverage will be effective the first day of the following pay period after an eligible employee contacts the MI HR Service Center and completes their benefit enrollment. Employee Life Insurance is the only exception, as that coverage begins the first day of an eligible employee's employment.

If an eligible employee elects not to enroll in benefits within the first 31 days of hire, the next opportunity to enroll will be during the annual Benefits Open Enrollment (BOE) period, which includes insurance benefit and FSA enrollment, or, if they experience a qualifying life event (QLE) such as marriage, birth of a child, loss of coverage, etc.

Additional benefit information can be found at www.mi.gov/employeebenefits, including insurance rates.

New Hire Benefits To-Do List:

- Review this booklet for basic information.
- Go to www.mi.gov/employeebenefits and select the Benefits Hub icon to review benefit options.
- Contact the MI HR Service Center[2] toll-free at 877-766-6447 to enroll in eligible insurances, Monday through Friday (except on state holidays), from 8:00 a.m. to 5:00 p.m.
- Mail, fax, or email dependent eligibility documentation to the MI HR Service Center, if applicable. Eligibility guidelines, required documentation, and MI HR Service Center contact information can be found in this booklet and online at www.mi.gov/docs4ebd.

Who Can Enroll?

Employees may choose to enroll their spouse and/or eligible dependents in their health, dental, vision, and dependent life insurance plans as a new employee, during the annual BOE period, or as the result of a QLE. Any time a spouse or dependent is added to an insurance plan, the employee must submit dependent eligibility documentation within 31 days of the QLE. For more eligibility information, visit the Dependent Eligibility Guidelines and Required Documentation webpages via www.mi.gov/employeebenefits.

[1] Non-career employees are not eligible for these benefits but may be eligible for retirement benefits.

[2] Auditor General and Judicial employees should contact their agency HR Office for assistance.

Special Enrollment Rights:

If you decline to enroll because you have other insurance coverage, and you or your dependent lose eligibility for the other coverage or the employer stops contributing towards the coverage, you may be able to enroll in that type of plan (e.g., health, dental, vision) offered to state employees.

You may also be able to enroll in the plan, or add new dependents to the plan, because of marriage, birth, adoption, or placement for adoption. You must request enrollment within 31 days after the QLE occurs.

Special enrollment is also available to (1) those who become eligible for premium assistance under Medicaid or the Children's Health Insurance Program (CHIP) and (2) those who lose coverage under Medicaid or CHIP because they are no longer eligible, not because of non-payment. The deadline for these two enrollments is 60 days after eligibility or termination.

For more information, visit the Family Status Changes and Required Documentation webpages via www.mi.gov/employeebenefits.

To request special enrollment or obtain more information, contact the MI HR Service Center[2] at 877-766-6447.

Dual Eligibility

If an employee, their spouse, or dependent are currently working for the State of Michigan and are both covered by State Group Insurance Plans (retiree or active), they may:

- Maintain separate coverage through individual plans, **or**
- Enroll in one plan with one listed as a dependent.

If married employees choose to maintain separate coverage, children can only be listed on one plan, not both. This applies even if the employees are divorced. For more eligibility information, visit the Dependent Eligibility Guidelines webpage via www.mi.gov/employeebenefits.

Qualifying Life Events (QLE)

QLE changes must be reported by calling the MI HR Service Center[2] within 31 days of the event. These allow you to make corresponding changes to benefits outside of the annual BOE period. All QLEs require substantiation documentation to be provided to the MI HR Service Center within 31 days of the event. QLE examples include marriage, birth, adoption, divorce, loss or gain of coverage, etc. **Contact the MI HR Service Center as soon as the QLE occurs; do not wait until you have official documentation** (e.g., marriage certificate, birth certificate, adoption paperwork, etc.).

Immediately notify the MI HR Service Center to cancel dependent coverage when he or she no longer meets the definition of an eligible individual. Ex-spouses are not eligible and must be removed from coverage effective the date of divorce.

Health Insurance Options

The following is a brief description of the health insurance benefits offered to State of Michigan employees. Additional health plan information can be found at www.mi.gov/employeebenefits.

[2] Auditor General and Judicial employees should contact their agency HR Office for assistance.

It is important to understand this booklet is only a brief summary of benefit offerings. Health plans, in particular, require additional research to ensure you enroll in the right plan for your needs. The Employee Benefits website, www.mi.gov/employeebenefits, contains many valuable resources, including health plan comparisons that place the different plans side-by-side.

Please review the CY24 Health Plan Comparison Chart and Health Plan Cost Scenarios resources carefully as part of your benefits research.

Eligible employees may elect one of the following health insurance plans:

State Health Plan (Preferred Provider Organization – PPO)

Administered by Blue Cross Blue Shield of Michigan (Blue Cross)

The State Health Plan PPO provides a full range of benefits using providers and facilities that are in-network, meaning the providers and facilities have agreed to accept a discounted fee from Blue Cross for services rendered. When you see a PPO network provider for covered services, your out-of-pocket costs are limited to deductibles, co-insurance, and copays. The PPO offered to state employees is self-insured by the State of Michigan

You still have the freedom to go out-of-network to see any physician, hospital or other provider of your choice. But, if you receive services from a provider not in the PPO network, you may be responsible for paying additional out-of-pocket costs. Those costs include increased copay and deductible amounts. If the provider you select doesn't participate at all with Blue Cross, you may also be required to pay additional charges.

- The provider network covers all 83 Michigan counties and is the largest PPO network in Michigan.
- Identified standard preventive services are covered at 100%; many other services have a 10% in-network coinsurance after meeting the deductible.
- Retail pharmacy and mail-order prescription medications are administered by Optum Rx.
- Behavioral Health and Substance Use Disorder (BH/SUD) treatment services are administered by Blue Cross.
- The state will pay 80% of the total bi-weekly premium with enrolled employees paying 20%.

State High Deductible Health Plan with Health Savings Account

Administered by Blue Cross for health insurance and HealthEquity for Health Savings Account (HSA).

The State High Deductible Health Plan (HDHP) with HSA[3] offers a lower biweekly premium in exchange for higher deductibles and out-of-pocket limits. Identified standard preventive services are covered at 100% but most other services have a 20% in-network coinsurance after meeting the deductible. The HDHP offered to state employees is self-insured by the State of Michigan.

Enrollment in the State HDHP will also provide access to an HSA; a tax-advantaged savings account that can be used to pay only eligible health, prescription, dental, and vision-related expenses incurred for services not covered by insurance (e.g., deductibles, copays, coinsurance, etc.).

The state will make an annual HSA contribution of $750 for an eligible individual employee enrolled in the State HDHP or $1,500 for an eligible employee who enrolls with one or more eligible dependents in the State HDHP, effective January 1. This contribution will be prorated for employees who enroll mid-year.

[3]Deferred Retirement Option Plan (DROP) and Other Eligible Adult Individuals (OEAIs) and their dependents are not eligible for enrollment in the State HDHP with HSA.

Employees can also make pre-tax HSA contributions by payroll deductions after the HSA account is active. The HSA balance belongs to the employee and can be carried over from year to year. You keep what you don't spend, even if you retire or leave state employment. Earnings on an HSA fund balance are tax-free, and you can withdraw your money tax-free any time, as long as you use it for qualified medical expenses for yourself or your tax dependents.

You're eligible to make and receive HSA contributions if:

- You are enrolled in the State HDHP and have no other non-HDHP health care coverage including Medicare, or a General Purpose Health Care FSA, or Health Reimbursement Arrangement (HRA) carried by you or your spouse.
- You are not claimed as a dependent on another person's tax return.

The State HDHP with HSA allows saving for future expenses, but you should review plan materials carefully to understand the advantages and risks associated with the plan.

Health Maintenance Organization Plans

A Health Maintenance Organization (HMO) is a plan that provides medical care through its network of physicians, pharmacies, contracted hospitals, and medical care suppliers in a particular service area. The HMOs offered to state employees are fully-insured by the carrier.

- Identified standard preventive services are covered at 100%.
- There are deductible requirements.
- Office visit and prescription drug copays are required.
- Members typically choose a primary care provider (PHP) who will provide care and make referrals from within the network.
- Eligibility for enrollment is based on an employee's residential zip code. To find available HMOs, use the HMO Zip Code Tool.
- The state will pay up to 85% of the HMO total premium, capped at the dollar amount which the state pays for the same coverage under the SHP PPO**,** with enrolled employees paying the remainder. The Understanding HMO Rates document covers this information for each plan.

Understanding Health Plan Deductible Costs

How Deductibles Work:
A deductible is a specified amount you must pay each plan year for services before your insurance plan begins to pay. The deductible does not apply to all services. In-network preventive services under the SHP PPO, HMOs, and the State HDHP with HSA do not require any copay or deductible. Under the SHP PPO and HMOs, in-network office visits, consultations, and urgent care visits only require a copay.

Your deductible amount will vary based on your plan. For HMOs and the SHP PPO, the individual in-network deductible ($125 for an HMO or $400 for the SHP PPO) is the maximum amount that applies to any one family member. The family in-network deductible ($250 for an HMO or $800 for the SHP PPO) is the combined maximum amount that applies to any combination of family members for in-network services. Each family member is not required to reach the individual deductible before the family deductible can be met.

Additionally, one family member cannot contribute more than the individual maximum deductible toward the entire family deductible.

For the State HDHP with HSA, the individual in-network deductible ($1,600) applies to employee-only coverage. The family in-network deductible ($3,200) applies to the coverage of employee plus spouse and other dependents. Except for certain covered preventive services, the applicable deductible must be fulfilled before services are paid by the plan. Any member of the family or combination of family members can fulfill the entire family deductible.

The SHP PPO, the State HDHP with HSA, and HMOs have separate deductible calculations for out-of-network services.

HMO Deductible Example:
Jacob receives services for a benefit that is covered 100% after deductible (e.g., ambulance services, x-rays, MRI, etc.). The provider submits a claim to the HMO for an allowed amount of $550. The HMO will pay the provider $425; the provider will bill Jacob for his member cost share of $125 (deductible).

SHP PPO Deductible Example:
Joan receives services for a benefit that is covered 90% after deductible (e.g., ambulance services, x-rays, MRI, etc.). The provider submits a claim to Blue Cross for an allowed amount of $550.

Blue Cross will subtract the $400 deductible from the allowed amount and pay the provider for 90% of the $150 remaining balance ($135). The provider will bill Joan for her member cost share of $415 ($400 deductible + 10% coinsurance of $15 on the $150 balance).

State HDHP with HSA Example:
Madison received the $750 annual employer contribution into her HSA with the first paycheck of 2024. She receives services in February for a benefit that is covered 80% after deductible (e.g., ambulance services, x-rays, MRI, etc.). The provider submits a claim to Blue Cross for an allowed amount of $550.

Madison has not accrued any medical expenses yet for 2024 towards her $1,600 deductible. Blue Cross will not pay the provider since the bill balance is less than the remaining deducible. The provider will bill Madison for her member cost share of $550. Madison may pay the provider $550 from her HSA or use a different payment method available to her.

Other Insurance Terms Explained

Coinsurance:
Coinsurance is your share of the costs of a covered health care service, calculated as a percent, after meeting your annual deductible. For example, for in-network services, if you have met your annual deductible and then have surgery, the insurance plan will pay a percentage of the allowed amount for the surgery and you will pay the remaining percentage as coinsurance. All in-network coinsurance charges apply toward the annual in-network OOPM, which limits the amount you can be required to pay for services during a plan year. See the Health Plan Comparison Chart for specifics about coinsurance for each health plan.

Copay:
A copay is a fixed-dollar amount you may be required to pay when receiving services. These most

commonly apply to office visits and prescriptions and are generally paid when services are performed or prescriptions are received. See the Health Plan Comparison Chart for specifics about copays for each health plan.

Dependent:
A dependent is a person who is eligible to be covered by you under your State of Michigan benefit plans. For dependent eligibility information, visit the Dependent Eligibility Guidelines webpage via www.mi.gov/employeebenefits.

Formulary (Drug List):
A formulary is a list of generic and brand-name prescription drugs covered by your health plan. It is divided into tiers that correspond to the plan's copay structure. The SHP PPO and State HDHP with HSA both include prescription coverage administered by Optum Rx using the same formulary.

Each HMO plan includes its own formulary. Prescription copays are the same for all plans, but under the State HDHP with HSA, non-preventive medications are subject to meeting the plan deductible before copays apply. For formulary information, visit the Carriers and Benefit Plans webpage via www.mi.gov/employeebenefits and select the plus sign next to a carrier to expand that section.

In-Network/Out-of-Network:
Each plan has a network of providers. If you obtain services from these providers, you usually pay less for services covered under your plan. Each plan's website has a list of its network providers. Out-of-network providers can cost you more, or not be covered at all, depending on your plan. See the CY24 Health Plan Comparison Chart for specifics about in-network and out-of-network services for each health plan.

Premium:
The amount paid each pay period to enroll in insurance benefits. You and the state both pay a share for most plans. See the Rates webpage for the premium cost of each plan.

Referral:
A referral is a written order from your PCP for you to see a specialist or receive certain services. These are generally required by HMOs or the provider. If you don't get a referral first, the plan may not pay for the services.

The SHP PPO and State HDHP with HSA do not require referrals to be seen by a specialist or receive certain services, but a specialist may require a referral from your PCP prior to allowing you to schedule an appointment.

Out-of-Pocket Maximum (OOPM):
The annual out-of-pocket maximum (OOPM) is the total amount you can be required to pay for in-network covered services during a plan year. In-network deductibles, fixed-dollar copays, prescription drug copays, and coinsurance all count toward the annual OOPM. Once this maximum amount is reached, you will not pay any additional coinsurance, deductibles, or copays for covered in-network services for the rest of the plan year.

The individual OOPM applies to any one family member; the family OOPM is the collective amount that could be paid by any combination of family members. There are separate OOPMs for in and out-of-network services. In-network OOPM amounts are below.

- SHP PPO & HMO in-network: $2,000 individual / $4,000 family

- State HDHP in-network: $4,000 individual / $8,000 family
- These charges cannot be used to meet your annual OOPM:
    - Out-of-network coinsurance, deductibles, or fixed dollar copays
    - Charges for non-covered services or treatments
    - Charges above the approved amount the plan pays for a benefit
    - Biweekly premiums

See the CY24 Health Plan Comparison Chart for specifics about the OOPM for each health plan.

Dental Insurance Options

The following is a brief description of the dental insurance benefits offered to State of Michigan employees. Additional dental plan information can be found at www.mi.gov/employeebenefits, Review the Dental Comparison Chart to see the levels of coverage offered for dental services.

State Dental Plan

Administered by Delta Dental of Michigan

This plan covers preventive services (exams and cleanings) at 100% of the “usual, customary, and reasonable charge”.

- X-rays, oral surgery, extractions, restoratives, periodontics, endodontics, dental implants, orthodontics, and sealants for children and prosthodontics (including repairs) are all covered under this plan.
- Occlusal guards covered 100% in-network every five years.
- The state will pay 95% of the premium of the State Dental Plan for full-time employees.

Preventive Dental Plan

Administered by Delta Dental of Michigan

This plan is intended for employees who have dental coverage elsewhere.

- The Preventive Dental Plan covers diagnostic exams, x-rays as required, and cleanings to the same extent as the State Dental Plan.
- No other services are covered.
- The state will pay 100% of the premium for full-time employees who will also receive a $100 lump rebate annually (pro-rated for mid-year enrollment).

State Vision Plan

Administered by EyeMed

The State Vision Plan covers routine vision examinations and glaucoma testing once every 12 months. Glasses or contact lenses may be replaced every 12 months without a change in prescription.

- There is a copay for exams and lenses.
- The state pays 100% of the premium for full-time employees.

Long Term Disability (LTD)

The State Long Term Disability (LTD) plan provides income when an eligible enrolled employee becomes totally disabled as defined in the LTD Plan Booklet and is unable to work (see plan booklet for details on pre-existing conditions).

During an approved LTD absence, full-time employees receive approximately 66-2/3% (0.6667) of their monthly basic earnings, subject to a monthly maximum. These employees are also entitled to the health insurance premium coverage (the "LTD Rider") during an approved LTD absence. The LTD Rider covers state-sponsored health insurance premiums only. The LTD Rider does not cover vision, dental, or other insurance premiums. Under the LTD Rider, the state will pay both the state's and the employee's share (COBRA premium) of the state-sponsored health plan or HMO premiums for a period of up to six months per claim.

The state pays a portion of the total premium for employees enrolled in this plan. The employee portion of the premium is calculated on an individual basis, based on sick leave balance, union representation, and pay rate/salary. To find your approximate bi-weekly premium, use the LTD Insurance Estimator.

New employees can enroll within 31 days of hire. If employees do not enroll within the first 31 days of employment the next opportunity is during the annual BOE period. Enrollment due to a qualifying QLE is not permitted for LTD. Review the LTD Plan Summary for coverage effective dates and other information.

Life Insurance

The following is a brief description of the employee and dependent life insurance benefits offered to State of Michigan employees. Additional plan information can be found at www.mi.gov/employeebenefits.

Employee Life

Employee Life Insurance is administered by Minnesota Life (a Securian company). Employees may select one of the following life insurance plans:

Both of the life insurance options below include an accidental duty death benefit. This benefit is in addition to the maximum benefit offered from the plans listed. Review the Life Insurance Certificate for additional details.

State Life Insurance 2x Plan
The state will cover 100% of the premium cost of the State Life Insurance Plan. This is the traditional group life insurance plan that pays designated beneficiaries a non-taxable death benefit equal to two times the employee's basic annual salary rounded up to the next $1,000, up to a maximum of $200,000[4].

Reduced Benefit Life Insurance 1x Plan
The state will cover 100% of the premium cost of the State Life Insurance Plan. The Reduced Benefit Life Insurance Plan pays designated beneficiaries a non-taxable death benefit equal to 100% of the employee's basic annual salary up to a maximum of $50,000[5]. Enrolled employees will receive a bi-weekly rebate for selecting this reduced life insurance option.

[4] Physicians represented by the UAW will have a non-taxable death benefit equal to two times their basic annual salary rounded up to the next $1,000 through the State Life Insurance 2x Plan.
[5] Physicians represented by the UAW will have a non-taxable death benefit equal to 100% of their basic annual salary through the Reduced Benefit Life Insurance 1x Plan.

Dependent Life

Employees have the option of enrolling a legal spouse and eligible children in one of the following Dependent Life Insurance plans administered by Minnesota Life (a Securian company):

- **Option 1**: Spouse $1,500 **and** Child(ren) $1,000 each
- **Option** 2: Spouse $5,000 **and** Child(ren) $2,500 and
- **Option 3**: Spouse $10,000 **and** Child(ren) $5,000 each
- **Option 4**: Spouse $25,000 **and** Child(ren) $10,000 each
- **Option 5**: Child(ren) **only** $10,000 each
- **Option 6**: Spouse $50,000 **and** Child(ren) $15,000 each
- **Option 7**: Child(ren) **only** $15,000 each

Dependent Child Eligibility: Unmarried children between the ages of 14 days up to their 23rd birthday. Ages of 19 up to their 23rd birthday are not required to maintain student status to be enrolled.

The state does not contribute towards the premium for Dependent Life Insurance. Premiums are fully paid by the employee.

Beneficiary Changes

A beneficiary can be a person or institution (except a funeral home) that is designated by you to receive a payout if you were to pass away. See the Beneficiary Designation and Guide to HR Self-Service page for additional detail.

Beneficiary designation for final compensation and life insurance can be completed online in the employee's HR Self-Service account at www.mi.gov/selfserv. 401k/457 Plan beneficiary designations can be added or changed online at www.stateofmi.voya.com; select a plan and look under Personal Information. A paper beneficiary form is only required if you are married and you wish to name someone other than your spouse as your primary beneficiary in the 401K Plan. These forms can be printed from your HR Self-Service account. The beneficiary forms for the 401(k) Defined Contribution and 457 Plans should be mailed to the address on the form.

Flexible Spending Accounts (FSAs)

The following is a brief description of the FSAs offered to eligible State of Michigan employees:

Health Care FSAs: These plans allow you to put aside payroll deducted pre-tax dollars for eligible health care expenses not covered by any medical, dental, or vision plan for you and qualifying individuals.

- **General Purpose Health Care FSA (GPHC FSA)** is the standard Health Care FSA the state traditionally has offered and will continue to offer. This FSA can be used for eligible health, prescription, dental, and vision expenses. Employees enrolled in an HSA are not eligible for the GPHC FSA.
- **Limited Purpose Health Care FSA (LPHC FSA)** is a Health Care FSA that can be used for eligible dental and vision expenses and is compatible with the State HDHP with HSA or any other HSA enrollment.

Dependent Care FSA: This allows you to put aside payroll deducted pre-tax dollars for eligible child and elder-care expenses for your eligible dependents, so you can attend work, find work, or attend school. Dependent Care FSAs are **not** Health Care FSAs for your dependents.

Employees may contribute pre-tax dollars via payroll deductions to FSAs, making eligible expenses more affordable. FSAs are convenient and easy to use. With a little up-front planning, employees will see tax savings while paying for a wide array of out-of-pocket healthcare and dependent care expenses. To learn more, visit www.mi.gov/fsa.

Voluntary Benefits: Benefits for Life Program

Benefits for Life (BFL) is an employee-paid optional coverage program. BFL Open Enrollment is held in the spring every year; employees can enroll by calling BFL directly at 888-825-8395. The BFL offerings do not replace the state group benefit plans. Instead, the program offers additional insurance with premiums payable through payroll deduction. Optional coverage plans available for purchase are:

- Accident Insurance
- Accidental Death & Dismemberment (AD&D) Insurance[6]
- Auto & Home Insurance[6]
- Critical Illness Insurance
- Discount Plan (**Free**)[6]
- Hospital Indemnity
- Identity Theft Protection[7]
- Legal Plan
- Long-Term Care Insurance[6]
- Pet Insurance
- Supplemental Term Life Insurance[7]
- Universal Life Insurance

Qualified Transportation Fringe Benefits

The Qualified Transportation Fringe Benefits (QTFB) program allows employees to pay for eligible parking expenses and vanpool ridership fees (MichiVan only) with pre-tax dollars via payroll deduction. Generally, this program is not for use by employees who park in a state owned or leased lot/ramp as those payments are made through payroll as a pre-tax deduction by default.

Enrollment is allowed any time during the year through HR Self-Service or by calling the MI HR Service Center[2]. The current monthly maximum contribution is $315.

Eligibility Guidelines

Eligible Dependents:
Eligible dependents may be enrolled in your health, dental, vision, and dependent life insurance plans[8]. Children by birth or legal adoption and stepchildren are eligible for dependent life insurance until the day before their 23rd birthday, and eligible for health, dental, and vision insurance through the last day of the month in which they turn 26.

[2] Auditor General and Judicial employees should contact their agency HR Office for assistance.
[6] These benefits may be enrolled in year-round. [7] This benefit may be enrolled in within the first 60 days of employment.
[8] OEAIs are eligible to be added to health plans for all represented and non-exclusively represented (NERE) employees except Legislative and Deferred Retirement Option Plan (DROP) employees.

Children for whom the employee has legal guardianship or provides foster care (placed in your home by a state agency or court) are eligible for health, dental, vision, and dependent life insurance until the day before their 18th birthday, unless the placement expires prior to that date.

Married or divorced state employees carrying independent enrollments may cover their children in either parent's plan, as long as each child is only covered once. If both employees elect to carry the children and cannot come to an agreement on which parent will cancel elections, the parent who covered the children first during employment with the State of Michigan will be allowed to cover the dependent children.

For a grandchild to be eligible, the parent of the grandchild must be a covered dependent for whom you provide at least 50% financial support and, if the parent of the grandchild is from 19 up to their 25th birthday, a student as well.

Visit the Dependent Eligibility Guidelines page for more information.

Dependent Life Insurance:
Eligible dependents can include your spouse and unmarried children from the age of 14 days up to their 23rd birthday if you provide at least 50% of their support. Your spouse who is not a state employee or state retiree is also eligible.

As a state employee you are automatically enrolled in life insurance. You are not eligible to be covered as a spouse or dependent on another employee or retiree dependent life insurance plan while covered as a state employee.

Other Eligible Adult Individuals (OEAIs)

Enrolling an OEAI and an OEAI's Dependent Child(ren)[8]:
Eligible employees[1] may enroll one OEAI (also referred to as domestic partner) and their dependent(s) into a state-sponsored health plan only. You may request enrollment by calling the MI HR Service Center[2] within 31 days from your date of hire or during the annual BOE period via HR Self-Service. The MI HR Service Center must receive all supporting documentation within 31 days from your hire date to complete the enrollment process or the OEAI and OEAI dependent(s) will not be enrolled:

OEAI and OEAI dependent coverage will not take effect if documentation is not received by the MI HR Service Center by the applicable due date.

Tax Implications:
In accordance with IRS regulations, state employees are responsible for paying taxes associated with the fair-market value of enrolling an OEAI and the OEAI's dependents. Information on OEAI tax implications is available on the Dependent Eligibility Guidelines page.

Terminating Benefits:
When criteria for enrollment are no longer met, you must notify the MI HR Service Center[2] within 14 calendar days. Coverage will end effective the date OEAI eligibility criteria are no longer met.

[1]Non-career employees are not eligible for these benefits but may be eligible for retirement benefits.
[2] Auditor General and Judicial employees should contact their agency HR Office for assistance.
[8] OEAIs are eligible to be added to health plans for all represented and non-exclusively represented (NERE) employees except Legislative and Deferred Retirement Option Plan (DROP) employees.

Continuing Coverage for Incapacitated Children

Your child who is unmarried and unable to sustain employment because of a developmental or physical disability can continue enrollment in health, dental, vision, and dependent life insurance beyond the age limits outlined in the Dependent Eligibility Guidelines if all the following conditions establishing incapacitated status are met:

- Your child became incapacitated before reaching the age limit for the coverage (age 23 for dependent life insurance and the end of the month in which they turn age 26 for health, dental, and vision).
- You have submitted documentation verifying your child's incapacity within 31 days after the child reaches the age limit for termination of the coverage.
- Your child is unmarried and continues to be incapacitated and chiefly dependent on you for support and maintenance.
- Your coverage does not terminate for any other reason.

Canceling Coverage

Immediately notify the MI HR Service Center[2] to cancel your dependent's coverage when he or she no longer meets the definition of an eligible individual. Ex-spouses are not eligible and must be removed from coverage effective the date of the divorce.

Note: The State may use vital statistics records to audit spousal eligibility and take appropriate action to remove ineligible individuals.

Eligibility Exclusions

If you and your spouse are both covered by state active or retiree group insurance plans, you may maintain separate coverage through your individual plans or enroll in one plan with one spouse listed as a dependent. If you choose to maintain separate coverage, your children can only be listed as a dependent on one plan. This applies even if you are divorced.

An employee's spouse, OEAI, and dependents are not eligible for coverage if in the armed forces on active duty. Those individuals are eligible for coverage under TRICARE, effective the date of active duty orders.

Required Documentation

The documents listed in this section are acceptable proof of dependent and OEAI eligibility for insurance coverage. Documents must be provided to the MI HR Service Center[2] by email, fax, or mail. Contact information is provided at the end of this section. Legible copies are required for each type of document. Please do not provide originals; documents will not be returned.

Qualifying Life Events (QLE): To add or change eligible dependents due to a QLE (such as marriage, birth, divorce, etc.), call the MI HR Service Center as soon as possible, but **no later than 31 days following the QLE**.

Required Documents for Health, Dental, Vision, and Life Insurance Coverage

- **Adopted Child**
  - *Adoption Papers* or sworn statement with the date of placement

[2] Auditor General and Judicial employees should contact their agency HR Office for assistance.

- **Biological Child**
  - *Birth Certificate* (must be county issued; hospital verifications are not accepted)
- **Foster Child**
  - *Court Document* placing the child in the employee's home for foster care
- **Grandchild**
  - *Birth Certificate* (must be county issued; hospital verifications are not accepted)
  - *Documentation* proving you provide at least 50% support to the grandchild's parent (e.g., most recent federal 1040 form filed showing the grandchild's parent claimed as a dependent)
  - For a grandchild to be eligible, the grandchild's parent must be a covered dependent and, if from 19 up to their 25th birthday, a student as demonstrated by
  - Student Verification of Eligibility Form (CS-1830)
  - *School Records* proving the grandchild's parent is regularly attending an accredited educational institution (e.g., class schedule, transcript, etc.)
- **Incapacitated Child**
  - *Birth Certificate* (must be county issued; hospital verifications are not accepted)
  - *Verification Documentation* that the child's condition was confirmed by the insurance carrier before the child reached the usual age limit for coverage.
- **Legal Guardianship**
  - *Court-Ordered Letters of Guardianship*
- **Loss of Coverage (for mid-year enrollment)**
  - *Document Detailing Loss of Coverage* from employer or insurance carrier specifying the benefits for which coverage has been lost (e.g., health, vision, dental), the date the coverage was lost, and the individuals who lost coverage
- **Spouse**
  - *Marriage Certificate*
- **Stepchild**
  - *Birth Certificate* (must be county issued; hospital verifications are not accepted)
  - *Marriage Certificate*

Required Documents for OEAI Health Insurance[8] Coverage

- **OEAI (Other Eligible Adult Individual)**
  - OEAI Enrollment Application & Affidavit (CS-1833)
  - *Joint Residency Documentation* establishing shared residency for the past 12 months (e.g., bank statement, utility bill, lease agreement, etc.)
  - *Proof of Age* (birth certificate, passport, driver's license, or other governmental document)

[2] Auditor General and Judicial employees should contact their agency HR Office for assistance.
[8] OEAIs are eligible to be added to health plans for all represented and non-exclusively represented (NERE) employees except Legislative and Deferred Retirement Option Plan (DROP) employees.

- **OEAI Dependent**
  - OEAI Enrollment Application & Affidavit (CS-1833)

  And any of the four documents below establishing the relationship between the OEAI and the OEAI dependents you wish to enroll:

  - *Birth Certificate* (must be county issued; hospital verifications are not accepted)
  - *Adoption Papers* or sworn statement with the date of placement
  - *Court Document* placing the child in the employee's home for foster care
  - *Court-Ordered Letters of Guardianship*

Note: Dependent children of an OEAI may enroll in health insurance only up to their 26th birthday with a CS-1833 and the same required documentation that applies to equivalent dependent children of employees. Coverage will terminate at the end of the month in which the dependent turns 26.

MI HR Service Center

The MI HR Service Center[2] is a staff of State of Michigan HR professionals who perform a variety of benefits and employment-related functions for State of Michigan employees.

Visit the MI HR Service Center webpage for a full list of the topics they can assist you with.

Phone: 877-766-6447 **Fax:** 517-241-5892 **Email (Documentation Only):** MCSC-MIHR-Docs@michigan.gov	**Hours of Availability:** 8:00 a.m. – 5:00 p.m. Monday – Friday	**Mailing Address:** MI HR Service Center P.O. Box 30002 Lansing, MI 48909

Auditor General and Judicial employees must submit the required documentation to their respective HR Office.

HIPAA (Health Insurance Portability & Accountability Act)

The Employee Benefits Division of the Civil Service Commission administers the following self-insured group health plans for state employees and retirees on behalf of the State of Michigan:

- State Health Plan PPO (Blue Cross/Optum Rx)
- State High Deductible Health Plan (HDHP) (Blue Cross/OptumRx)
- State Vision Plan (EyeMed)
- State Dental Plan (Delta Dental)
- Preventive Dental Plan (Delta Dental)
- State Health Savings Account (HealthEquity)
- Flexible Spending Accounts (HealthEquity|WageWorks)

The Health Insurance Portability & Accountability Act (HIPAA) and related rules require group health plans to protect the privacy of health information. Enrolled individuals' rights under HIPAA are outlined in the Privacy Notice available via www.mi.gov/employeebenefits.

COBRA (Consolidated Omnibus Budget Reconciliation Act)

Several different events may trigger the loss of insurance coverage for employees. This may include separation, leave of absence, layoff, or reduction of hours. This can also impact an employee's spouse and dependent children in the event of divorce or death of an employee, and also dependent children who no longer qualify for benefits based on to the State of Michigan Dependent Eligibility Guidelines.

Under COBRA, if an employee, a spouse, or dependent should lose eligibility for state employee group health, dental, or vision insurances, they may be eligible to continue these coverages for a period of time by paying the full premium directly to the State of Michigan. This full premium will include the amount previously paid as the employee's share, plus the state's share, and, in some cases, an additional 2% service fee.

Employees may also be eligible to continue life insurance coverage at no cost to the employee or enrolled dependents if the employee is on a leave of absence or layoff from state service.

Insurance Carrier Information

State Health Plan PPO
State High Deductible Health Plan (HDHP)

Blue Cross Blue Shield of Michigan (Blue Cross)

Phone: 800-843-4876
www.bcbsm.com/som

Prescription Drug Administrator: State Health Plan PPO
Prescription Drug Administrator: State HDHP

OptumRx
Active Employees & Non-Medicare Retirees
Phone: 866-633-6433

OptumRx: Medicare-Eligible Retirees
Phone: 866-635-5941
www.optumrx.com/som

HSA Administrator for the State HDHP with HSA

HealthEquity

Phone: 877-284-9840
Log in at www.bcbsm.com/som to manage your HSA from HE.

State Long Term Disability (LTD) Plan

Sedgwick
Phone: 800-324-9901

Insurance Carrier Information

Health Maintenance Organization (HMO)

Blue Care Network (BCN)
Phone: 800-662-6667
www.bcbsm.com/som

Health Maintenance Organization (HMO)

Health Alliance Plan (HAP)
Phone: 800-422-4641
www.hap.org/som

MSPTA-T01 Represented Employees Only
C.O.P.S. Health Trust Plans

C.O.P.S. Health Trust
Phone: 800-229-2210
Phone: 248-524-0454
www.bluewaterbenefitsadmin.com

State Dental Plan
Preventive Dental Plan

Delta Dental Plan of Michigan
Phone: 800-524-0150
www.deltadentalmi.com/som

State Vision Plan

EyeMed
Phone: 833-279-4355
www.eyemedvisioncare.com/som

Insurance Rates

Visit the Insurance Rates webpage for a full listing of all health, dental, vision, life insurance and long term disability plan related bi-weekly premiums employees who choose to enroll in benefits are required to pay.

Insurance Cards

Identification cards will be issued directly from individual insurance carriers, when applicable. In the event that additional or duplicate cards are needed, please contact the insurance carrier directly.

HR Self-Service

HR Self-Service is a web-based tool designed to provide employees with access to update personal information such as home address, home phone, emergency contacts, email address, beneficiaries, tax withholdings, and direct deposit; as well as view earning statements and leave balances.

During the annual BOE period, employees can change or enroll in insurance benefits and Flexible Spending Accounts FSAs.

HR Self-Service Access

Upon hire, a new employee's HR Office will enter their information into the state's human resources management system. One day after their information is entered, their HR Self-Service account access is created. They can expect the following correspondence:

- A notification of their newly-created HR Self-Service account and username.
- The following business day, a temporary pin and activation instructions are sent.
- Employees **with** a State of Michigan email address on file will receive correspondence via email.
- Employees **without** a State of Michigan email address on file will receive correspondence to the home address on file.

Once the employee receives their new password, it takes up to 30 minutes to activate.

For assistance with account activation or logging in, please contact the MI HR Service Center[2] at 877-766-6447 or visit the HR Self-Service & Earnings Statement Password Help page on the HR Gateway page.

[2] Auditor General and Judicial employees should contact their agency HR Office for assistance.

What Retirement Plan are You In?

State of Michigan employees may be enrolled in retirement plans based on the employee's date of hire; certain plans were only made available to employees who were hired prior to a certain point in time. Further, choices made during P.A 487 of 1996 or P.A. 264 of 2011 may also dictate plan participation. Review the information below to find your plan then visit the Office of Retirement Services website (www.mi.gov/ors) for a more detailed look at your retirement plan.

You're a member of the **Defined Benefit (DB)** plan if you were hired before March 31, 1997, and you:

- Elected the DB Classified plan under P.A. 264 of 2011.
- Elected the DB 30 plan under P.A. 264 of 2011 and you have not yet reached 30 years of service.

You're a participant in the **Defined Contribution (DC) with Subsidized Retiree Insurance** plan if you:

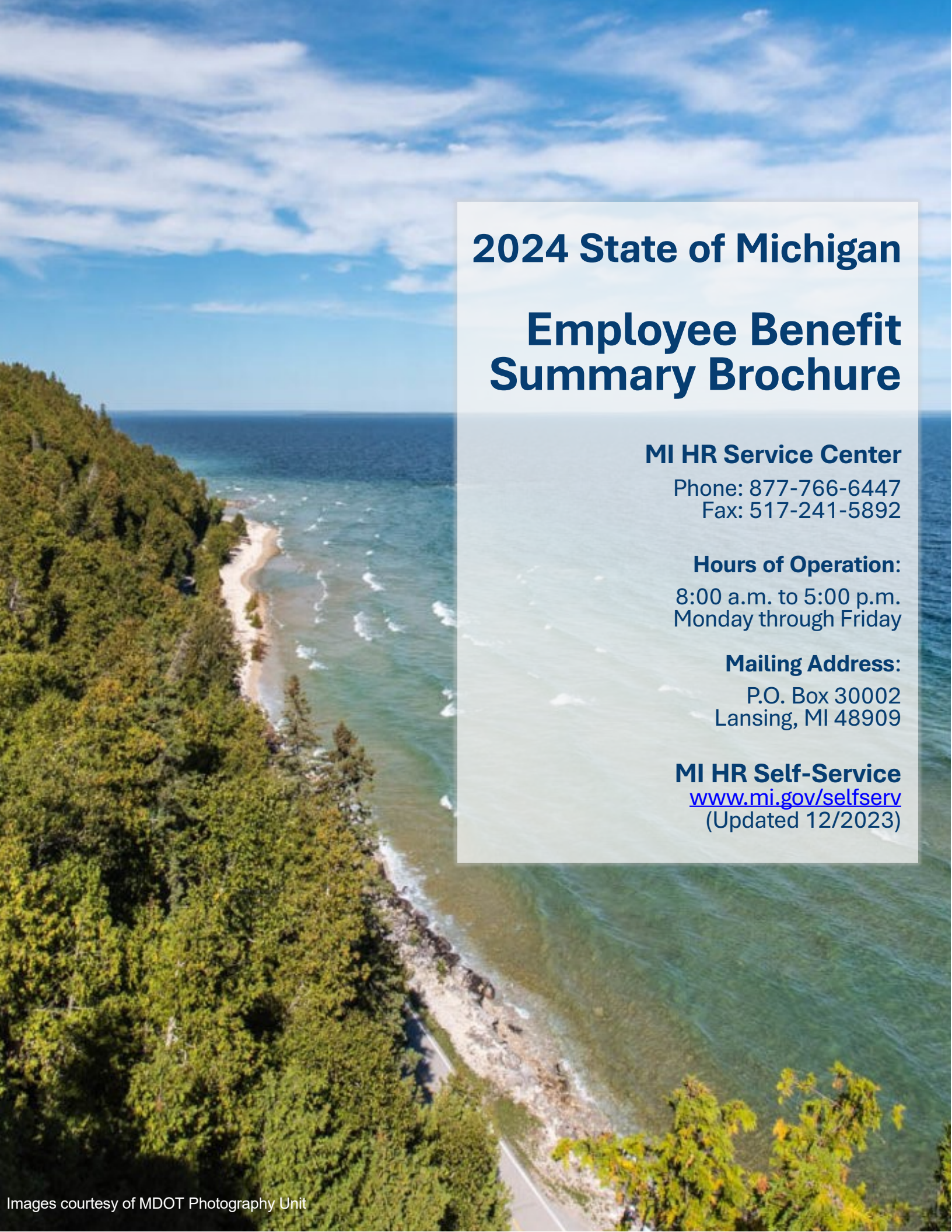
- Were newly hired by the State of Michigan on or after March 31, 1997.
- Began your state employment under the DB plan and chose to transfer to the DC plan under P.A. 487 of 1996. (You retain the DB insurance Subsidy.)
    - Review your 401K/457 account with Voya Financial™

You're a member of the **DB plan AND a participant in the DC** plan if you:

- Elected the DB 30 plan under P.A. 264 of 2011 and you have reached 30 years of service.
- Elected the DB/DC Blend plan under P.A. 264 of 2011, and thus became a DC plan participant April 1, 2012.
    - Review your 401K/457 account with Voya Financial™
- Began your state employment under the DB plan, left, and then returned to state employment on or after January 1, 2012, and before January 1, 2014.

You're a participant in the **Defined Contribution (DC) with Personal Healthcare Fund** if you:

- Were newly hired by the State of Michigan on or after December 31, 2011.
    - Contact Voya Financial™ in regard to plan details.
- Elected the Personal Healthcare Fund under P.A. 264 of 2011.
    - Contact Voya Financial™ in regard to plan details.
    - Contact the Office of Retirement Services in regards to your Lump Sum payout.



2024 State of Michigan

Employee Benefit Summary Brochure

MI HR Service Center

Phone: 877-766-6447
Fax: 517-241-5892

Hours of Operation:

8:00 a.m. to 5:00 p.m.
Monday through Friday

Mailing Address:

P.O. Box 30002
Lansing, MI 48909

MI HR Self-Service

www.mi.gov/selfserv
(Updated 12/2023)

Images courtesy of MDOT Photography Unit